

Department of Health - Items Funded in FY 2020

For "LFA Comments," staff evaluated:

1. Which items may need follow up action by the Subcommittee?
2. What results may be of particular interest to the Subcommittee?

#	Appropriation Name	Amount (All Sources, Ongoing and One-Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target
1	5820 - Qualified Patient Enterprise Fund					
2	SB 121 - Medical Cannabis Amendments	\$85,700	Ensure 100% new roles and scope enhancements have been added in the Electronic Verification System by January 2021.	100%	TBD	
3			Ensure contract amended to reflect new roles and scope enhancement requests by January 2021.	100%	TBD	
4	Medicaid Services (LIAA)					
5	Medicaid Consensus Buffer	\$39,500,000	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	Yes	TBD	This will be determined at State Fiscal Year closeout.
6	Medicaid and Health Financing (LGAA)					
7	HB 32 - Crisis Services Amendments	\$10,000	First full year of operation under the waiver will be used as a baseline. In subsequent years, DOH will seek to reduce the number of emergency department visits and hospitalizations that occur within 30 days of an individual's stay in an IMD for Mental Health treatment. DOH will target a 5% reduction in overall stays.	5%	TBD	This measure requires the first year of operation to be used as a baseline, with subsequent years targeting the reduction goal. Results will not be available until a baseline is established and an additional year of operation occurs to compare to the baseline.
8	2252 - Medicaid Expansion Fund					
9	Medicaid and CHIP Caseload, Inflation and Program Changes	\$723,100	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	Yes	TBD	This will be determined at State Fiscal Year closeout.
10	2253 - Pediatric Neuro-Rehabilitation Fund					
11	H.B. 461, Pediatric Neuro-rehabilitation Fund	\$50,000	1. Number of children that received an intake assessment by July 1, 2021.	25	TBD	Contracts were started in May 2020 and Covid-19 has limited the capability for this program to receive any participants. Part of the qualification for the program is that the participant has to be post-surgical orthopedic within that last 6 months. Because of this there have been no participants to report for SFY 2020.
12			2. Number of physical, speech or occupational therapy services provided to children by July 1, 2021.	200	TBD	Contracts were started in May 2020 and Covid-19 has limited the capability for this program to receive any participants. Part of the qualification for the program is that the participant has to be post-surgical orthopedic within that last 6 months. Because of this there have been no participants to report for SFY 2020.

13			3. Percent of children that returned to school by July 1, 2021.	500.00%	TBD	Contracts were started in May 2020 and Covid-19 has limited the capability for this program to receive any participants. Part of the qualification for the program is that the participant has to be post-surgical orthopedic within that last 6 months. Because of this there have been no participants to report for SFY 2020.
----	--	--	---	---------	-----	--

Department of Health - Items Funded in FY 2021

For "LFA Comments," staff evaluated:

1. Which items may need follow up action by the Subcommittee?
2. What results may be of particular interest to the Subcommittee?

#	Appropriation Name	Amount (All Sources, Ongoing and One-Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target
14	Executive Director's Office (LAAA)					
15	Coordination of Care for Older Adults Receiving Health Care Services	\$55,000	Alert eligible providers of non-transport falls	100%	TBD	During the 2020 General Session, \$55,000 was allocated to the Utah Department of Health to be used as matching funds for a 90/10 Medicaid funding to coordinate care for older adults. The goal is to develop a Home Health Hub to streamline medical orders with home health services and increase the timeliness of communication and care between healthcare providers, home health services and the patients they serve. As a result of budget adjustments and COVID-19, allocation of funding was delayed in addition to progress on the project. The Utah Department of Health, Falls Prevention Alliance, and the Utah Health Information Network are currently in the process of finalizing contracts to implement the project. Patient discovery programming between UDOH and UHIN has been completed. The other development is still in progress. We will not have data on these performance measures until development on the project is complete.
16			Decrease number of non-transport falls by 5%, from 6,521 reported in 2019, by July 1, 2022.	6,200	TBD	During the 2020 General Session, \$55,000 was allocated to the Utah Department of Health to be used as matching funds for a 90/10 Medicaid funding to coordinate care for older adults. The goal is to develop a Home Health Hub to streamline medical orders with home health services and increase the timeliness of communication and care between healthcare providers, home health services and the patients they serve. As a result of budget adjustments and COVID-19, allocation of funding was delayed in addition to progress on the project. The Utah Department of Health, Falls Prevention Alliance, and the Utah Health Information Network are currently in the process of finalizing contracts to implement the project. Patient discovery programming between UDOH and UHIN has been completed. The other development is still in progress. We will not have data on these performance measures until development on the project is complete.

17			Develop two systems (interface, central hub) to improve communications by July 1, 2021.	2	TBD	During the 2020 General Session, \$55,000 was allocated to the Utah Department of Health to be used as matching funds for a 90/10 Medicaid funding to coordinate care for older adults. The goal is to develop a Home Health Hub to streamline medical orders with home health services and increase the timeliness of communication and care between healthcare providers, home health services and the patients they serve. As a result of budget adjustments and COVID-19, allocation of funding was delayed in addition to progress on the project. The Utah Department of Health, Falls Prevention Alliance, and the Utah Health Information Network are currently in the process of finalizing contracts to implement the project. Patient discovery programming between UDOH and UHIN has been completed. The other development is still in progress. We will not have data on these performance measures until development on the project is complete.
18	2020 SB 22 - American Indian-Alaska Native Related Amendments	\$168,300	Enter into Data Sharing Agreements with the Indian Health Service, Tribal Government, and Urban Indian Organization (I/T/U) and Tribal Epi Center partners by July 1, 2021	3	2	Currently have 2 overarching agreements with regional Tribal Epi Centers (TEC) serving Utah. In addition, due to COVID-19, I have secured 3 I/T/U communicable and infectious disease MOA's to report COVID-19 testing with results back to tribes and the Urban Indian Program. They are doing their own contact tracing. Enter into Data Sharing Agreements with the I/T/U and Tribal Epi Center partners by July 1, 2021.
19			Hire 1.5 FTE's, one full time Program Manager and a half time Epidemiologist by October 31st, 2020.	1.5	0.5	Interviews were completed for the Tribal Epidemiologist position during the last week of October. An offer was made and has been accepted. The start date is 11/20/2020. The interviews for the Health Program Coordinator are being held 11/10/2020. The goal is to have the position filled and on board working by 11/16/2020. These two positions will work directly with Tribal Governments and the Utah Indian Health Advisory Board (UIHAB) to improve data sharing efforts, coordination of meetings to ensure communication between Tribal Governments, the UIHAB, and the Department of Health, and to ensure the Department can compile data in a meaningful manner to highlight in a report of the Health Status and Issues facing Tribes and the American Indian/Alaska Natives (AI/AN) population of Utah. This endeavor would benefit the tribes and the Department as they work towards addressing gaps to improve overall health outcomes that are identified.
20			Formally Consult with Tribal Governments and the Utah Indian Health Advisory Board (UIHAB) to develop a report addressing the health status of American Indians/Alaska Natives in Utah by July 1, 2021	100%	25%	Discussions have been initiated with the UIHAB during the August - October meetings. The UIHAB have been clear on a framework for how they wish to proceed. Once the Epidemiologist and health coordinator are on board, this can be addressed directly. This will be the first report of it's kind for the state of Utah.
21	2020 GS SB121 - Medical Cannabis Amendments	\$12,900	Ensure 100% new roles and scope enhancements have been added in the Electronic Verification System by January 2021.	100%	TBD	
22			Ensure contract amended to reflect new roles and scope enhancement requests by January 2021.	100%	TBD	

23	Disease Control and Prevention (LEAA)					
24	Electronic Cigarette and Other Nicotine Product Amendments	\$1,430,000	Reduce the number of youth who use electronic cigarettes from 12.4% to 11%. Information is collected every other year. Information is collected every other year, to be reported fall 2021	11%	TBD	The SHARP Survey is administered every other year. Bach-Harrison is planning try to administer the survey in the spring with an online option. If all goes well we should have results in the fall of 2021. Current use is defined as “during the past 30 days”. This information will be collected on 8, 10, 12th graders and will show the percentage of youth who are currently using electronic cigarettes. This information is collected every other year using the SHARP youth survey. This survey has a very large sample size and is very reliable.
25			Increases awareness of the harms and dangers of electronic cigarette use among youth from 79.1% to 81% of youth who perceive that using electronic cigarettes are harmful. Information is collected every other year, to be reported fall 2021. The School SHARP survey asks how much do you think people risk harming themselves (physically or in other ways) if they: use vape products such as e-cigarettes, vape pens, or mods? This information will be collected on 6, 8, 10, 12th graders and will show the percentage of youth who perceive that using electronic cigarettes are harmful. This information is collected every other year using the SHARP youth survey. This survey has a very large sample size and is very reliable.	81%	TBD	The SHARP Survey is administered every other year. Bach-Harrison is planning try to administer the survey in the spring with an online option. If all goes well we should have results in the fall of 2021.
26			Increases awareness of the harms and dangers of marijuana use among youth to show the percentage of youth who perceive the uses of marijuana is harmful from 73.4% to 75%. Information is collected every other year, to be reported fall 2021. The School SHARP survey asks how much do you think people risk harming themselves (physically or in other ways) if they: smoke marijuana regularly? This information will be collected on 6, 8, 10, 12th graders and will show the percentage of youth who perceive that using marijuana is harmful. This information is collected every other year using the SHARP youth survey. This survey has a very large sample size and is very reliable.	75.0%	TBD	
27	Family Health and Preparedness (LFAA)					
28	Behavioral Health Workforce Reinvestment	\$2,000,000	Percent of available funding awarded	100%	TBD	The first contracts will be executed in November 2020. This is a new program for FY21. We only received confirmation of funding availability after the Special Session in June 2020, and needed to develop a new rule for the program. With the public comment period ending in mid-September, the program will only go live in October 2020. Based on this, we are projecting to award funding based on eight months during FY21.
29			Total individuals served	5,000	TBD	The first awards will be executed in November 2020. We do not have any reporting of this measure to date, however, we fully project projects to meet this target.
30			Total uninsured individuals served	1,250	TBD	The first awards will be executed in November 2020. We do not have any reporting of this measure to date, however, we fully project projects to meet this target.
31			Total underserved individuals served	1,750	TBD	The first awards will be executed in November 2020. We do not have any reporting of this measure to date, however, we fully project projects to meet this target.

32	Emergency Medical Services Amendment - HB 389	\$1,500,000	Goal Title: Hire 3 Regional Medical Services Liaisons by September 30, 2020 to serve the needs of certain rural counties. Bureau manage and oversee liaisons. Goal Description: Hire five new employees to fulfill requirements outlined in the bill to include 1) serve the needs of rural counties in providing emergency medical services, 2) act as a liaison between the department and individuals or entities responsible for emergency medical services in rural counties, 3) provide support and training to emergency medical services providers in rural counties; and 4) assist rural counties in utilizing state and federal grant programs for financing emergency medical services. Manager or Rural EMS Specialist at the bureau will oversee work responsibilities and staff to ensure performance.	3	3	Hired 2 new employees with a start date of October 5, 2020 and moved another existing employee to this position on the same date. Liaisons have completed orientation and are working for the EMS Specialty Care and Education Program within the Bureau of EMS and Preparedness.
33			Goal Title: Distribute Emergency Medical Services System Account funds to EMS Ground Ambulance provider by August 31, 2020 Goal Description: Develop allocation method in conjunction with state EMS Grant Committee. Goal - Collection Method – The performance information will be collected by the bureau and submitted to the Health and Health Services Committee	\$1,125,000	1,125,000	As of he Bureau has fully distributed funds in the amount \$1,125,000 from the EMS System account funds to EMS ground ambulance providers. 55% of payments were made by August 31, 2020. The remaining awards have been paid by September 29, 2020. Delay in payment was due to providers untimely submission of invoices.
34	Medicaid Services (LIAA)					
35	2020 HB32 - Crisis Services Amendments	\$1,660,900	First year of operation under the waiver will be used as a baseline. In subsequent years, DOH will seek to reduce the number of emergency department visits and hospitalizations that occur within 30 days of an individual's stay in an IMD for Mental Health treatment. DOH will target a 5% reduction in overall stays. Data analysts will pull samples of data and validate with program manager. Data will be pulled with 6-month lag to allow more complete data.	5%	TBD	
36	2020 SB44 Limited Support Services Waiver Amendments	\$456,900	If approved by the Centers for Medicare and Medicaid Services, the Department will implement a Limited Supports Waiver as described in S.B. 44 by June 30, 2021.	Waiver Implemented, if approved	TBD	
37	2020 HB219 - Mental Health Amendments	\$9,630,000	Before August 1, 2020, the Utah Department of Health shall apply for a Medicaid waiver or a state plan amendment with CMS to offer a program that provides reimbursement for mental health services that are provided in an institution for mental diseases that includes more than 16 beds and to an individual who receives mental health services in an institution for mental diseases for a period of more than 15 days in a calendar month.	Waiver Submitted	Submitted	The waiver was submitted to CMS on 8/3/2020.
38	Medicaid and CHIP Caseload, Inflation, and Program Changes (Consensus)	\$165,073,300	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	Yes	TBD	This will be determined at State Fiscal Year closeout.

39	Social Detox Expansion for Medicaid	\$3,700,000	Funding increases in these areas are expected to make quality improvements in behavioral health delivery. The Department will track the following five quality measures: (1) The percentage of adolescents and adults 13 years of age and older who initiate treatment within 14 days of diagnosis (Initiation). The baseline rate observed in 2018 is 38.0%. (2) The percentage of adolescents and adults 13 years of age and older who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit (Engagement). The baseline rate observed in 2018 is 30.6%. (3) The percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder who have at least 180 days of continuous treatment (Continuity). The baseline rate observed in 2018 is 25.9%. (4) The percentage of adults and children 6 years of age and older who had an emergency department visit for selected mental health disorders and had follow-up care within 7 days (Follow-up 7). The baseline rate observed in 2018 is 33.0%. (5) The percentage of adults and children 6 years of age and older who had an emergency department visit for selected mental health disorders and had follow-up care within 30 days (Follow-up 30). The baseline rate observed in 2018 is 50.5%.	1. 1% increase 2. 2% increase 3. 2% increase 4. 1% increase 5. 1% increase	TBD	
40	2020 GS HB32 - Crisis Services Amendments	\$1,660,900	First year of operation under the waiver will be used as a baseline. In subsequent years, DOH will seek to reduce the number of emergency department visits and hospitalizations that occur within 30 days of an individual's stay in an IMD for Mental Health treatment. DOH will target a 5% reduction in overall stays. Data analysts will pull samples of data and validate with program manager. Data will be pulled with 6-month lag to allow more complete data.	5%	TBD	
41	Medicaid and Health Financing (LGAA)					
42	2020 GS HB32 - Crisis Services Amendments	\$29,200	First year of operation under the waiver will be used as a baseline. In subsequent years, DOH will seek to reduce the number of emergency department visits and hospitalizations that occur within 30 days of an individual's stay in an IMD for Mental Health treatment. DOH will target a 5% reduction in overall stays. Data analysts will pull samples of data and validate with program manager. Data will be pulled with 6-month lag to allow more complete data.	5%	TBD	
43	2020 GS SB44 - Limited Support Services Waiver Amendments	\$116,400	If approved by the Centers for Medicare and Medicaid Services, the Department will implement a Limited Supports Waiver as described in S.B. 44 by June 30, 2021.	Waiver implemented, if approved.	TBD	
44			Once implemented, the number of individuals enrolled and receiving services through the waiver.	Up to 38 individuals, as supported by the appropriated	TBD	
45	2020 GS HB219 - Mental Health Amendments	\$253,100	Before August 1, 2020, the Utah Department of Health shall apply for a Medicaid waiver or a state plan amendment with CMS to offer a program that provides reimbursement for mental health services that are provided in an institution for mental diseases that includes more than 16 beds and to an individual who receives mental health services in an institution for mental diseases for a period of more than 15 days in a calendar month.	Waiver Submitted	TBD	

46	2252 - Medicaid Expansion Fund					
47	Medicaid and CHIP Caseload, Inflation and Program Changes	\$1,446,200	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	Yes	TBD	This will be determined at State Fiscal Year closeout.

Department of Health - Items Funded in FY 2021

For "LFA Comments," staff evaluated:

1. Which items may need follow up action by the Subcommittee?
2. What results may be of particular interest to the Subcommittee?

#	Appropriation Name	Amount (All Sources, Ongoing and One-Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target
48	Disease Control and Prevention					
49	Change Parkinson's Registry to Data Collected via Chronic Disease Reporting Rule	(\$100,000)	Continue to maintain the Parkinson's Disease indicator on IBIS and update the information in the future as data becomes available from the Chronic Disease Reporting Rule.	Annually Update Indicator	https://ibis.health.utah.gov/ibisph-view/indicator/view/Parkinson's Disease Data Collection Rule.html	The funding was discontinued June 2020 requiring the performance measure to be adjusted accordingly. Dr. Stephan Pulst, University of Utah, Department of Neurology notified the Utah Department of Health that the Parkinson's Disease Registry will not be maintained by their team. And beginning July 1, 2020, Parkinson's Disease data will no longer be available to update the IBIS indicator.
50	Medicaid Services (LIAA)					
51	Allow the Office of Inspector General to Recover Abuse and Waste Among All Medicaid's Managed Care Organizations After One Year & Allow the Office of Inspector General to Recover Abuse and Waste Among Medicaid's Prepaid Mental Health Plans After One Year	(\$4,910,000)	Change in collections by the OIG for FY 2022 vs FY 2021	\$ 4,910,000		
52	Implement a Statewide Preferred Drug List	(\$1,300,000)	Actual savings achieved for FY 2022 vs FY 2021	(\$1,300,000)		
53	Reduce Scope of Drug Testing Covered by Medicaid	(\$850,000)	Savings achieved from the policy change	(\$850,000)		